

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09 780 468
APPLICANT(S)

FILING DATE
03-12-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51		✓				
2		✓					52		✓				
3		✓					53	✓					
4		✓					54		✓				
5		✓					55		✓				
6		✓					56		✓				
7		✓					57	✓					
8		✓					58		✓				
9		✓					59		✓				
10							60	✓					
11	✓						61		✓				
12		✓					62		✓				
13		✓					63		✓				
14		✓					64		✓				
15		✓					65		✓				
16		✓					66		✓				
17		✓					67	✓					
18		✓					68		✓				
19		✓					69		✓				
20		✓					70	✓					
21		✓					71		✓				
22		✓					72	✓					
23	✓						73		✓				
24		✓					74		✓				
25		✓					75		✓				
26	✓						76		✓				
27		✓					77		✓				
28		✓					78		✓				
29		✓					79	✓					
30		✓					80		✓				
31		✓					81		✓				
32		✓					82	✓					
33		✓					83		✓				
34	✓						84		✓				
35		✓					85						
36		✓					86						
37		✓					87						
38		✓					88						
39		✓					89						
40		✓					90						
41		✓					91						
42		✓					92						
43		✓					93						
44	✓						94						
45		✓					95						
46		✓					96						
47		✓					97						
48		✓					98						
49		✓					99						
50		✓					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	14	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	70	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	84					